

Budget Request for a Life Hope Centers Program

Project Reference Name: _____

Church Making Request: _____

Pastor/Leader: _____ Phone Numbers: (home) _____

(cell) _____ (office) _____ (email) _____

Address for subsidy check: Street _____

City _____ Zip _____

Program Information: Who is coordinating? _____

If guest: Qualifications _____ Current Employer _____

Where will the program be held? (City) _____ (Facility) _____

Program date: _____ Which days of the week? S M T W Th F S

Is there full church support? Yes No

M _____ room _____ 4 _____

_____ 2 _____ 2 _____

_____ 2 _____ M d _____

Electrical requirements for dental equipment: 6 separate 20 amp circuit breakers for the Dental Clinic area (not electrical outlets in the room, unless each outlet is connected to a separate 20 amp breaker)

Yes No

Is the floor of the Dental Clinic carpeted or hard floor? (describe)

Pre-work Information:

What friendship programming is planned prior to the meetings? (Check all that apply)

Health _____ Family Life _____ Children's _____ Educational _____ Social _____ Musical _____

Seasonal _____ Felt-Need _____ Other _____ (describe)

How many members are prepared to invite family, friends and neighbors?

What is the active attendance of a typical church service?

What is the church currently doing in evangelism?

Has your church gone out into the community to survey the specific needs of the community? Specifically what are they? (describe)

Follow-Up Information:

What is the post-program plan for follow-up? (describe)

How many members are equipped and ready to do follow-up (visit, call etc.) work?

What plans have been made for involving new members from the L.H.C. project? (describe)

What plans have been made to engage with new members socially? (describe)

Budget Information:

The church will pay a flat fee of **\$3,400.00**. The church will be billed for this amount.

The Conference will pay a flat fee of **\$4,800.00**.

This covers the following expenses:

- Travel
- Lodging
- Dental materials and supplies
- Vision materials and supplies
- Medical materials and supplies
- Medical liability insurance

Other possible expenses that your church needs to take into account that you will be responsible for:

- Food (breakfast & lunch for volunteers; refreshments for guests)
- Advertising & promotion
- Printing
- Equipment rental (i.e. generator)
- Any other expenses

Date approved by Church Board _____

Signature of Pastor _____

Signature of Head Elder/Clerk/Treasurer _____

Signature of Life Hope Centers Director _____

Signature of Conference Evangelism Director _____

Office use only:

☐ No outstanding recaps

☐ Sent approval notice

☐ Entered in computer

☐ Church billed \$3,400